



**State of South Carolina**  
**Department of Health and Human Services**

Mark Sanford  
Governor

Robert M. Kerr  
Director

March 10, 2009

Provider Name  
Street Address  
City, State Zip

Dear Provider:

This letter is to inform you of your recent enrollment with the South Carolina Medicaid Pervasive Developmental Disorder (PDD) waiver program. Currently your enrollment allows you to bill for Early Intensive Behavior Intervention (EIBI) services for participants that are enrolled with the PDD waiver. Your provider number is \_\_\_\_\_ and your current enrollment allows you to bill the procedure code(s) listed below with an authorization from the participant's service coordinator.

Procedure Code	HCPCS Definition	PDD waiver Service	Rate and Frequency
H0031	MENTAL HEALTH ASSESSMENT, BY NON-PHYSICI	One Time Yearly Assessment	\$2,100/year
H0032	MENTAL HLTH SVC PLAN DEVELOPMENT/NON-PHY	Plan Implementation Code	\$60/hour
G0177	TRAIN&EDUC SVCS FOR PATIENT W/MEN HL PRO	Lead Therapy	\$30/hour
H0046	MENTAL HEALTH SERVICES NOS	Line Therapy	\$14/hour

Questions about services that were allowed on the service authorization may be directed to the service coordinator authorizing EIBI services. The directions for billing Medicaid directly are attached to this letter in cases where you are authorized to bill directly to Medicaid. Medicaid also provides web-sight where providers may choose to bill via the web electronically. If you are interested in using this free service you may find more information at [www.scdhshippaa.org](http://www.scdhshippaa.org) or you may contact them by phone at 1-888-289-0709. If you have further questions regarding this enrollment or billing questions you may contact me at 803-898-2590. Thank you for enrolling with the South Carolina Medicaid program.

Sincerely,

Jonathan Tapley, Program Coordinator II  
Community Long Term Care Services

DHHS Letter 1

June 6, 2008

Community Long Term Care  
P. O. Box 8206 Columbia South Carolina 29202-8206  
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